

CAND Pay.gov Application for Refund (rev. 2/2023)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- Complete all required fields (shown in **red***); otherwise, your request may be denied and require resubmission.
- In fields **3-6**, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name:* Adam Apton	7. Your Phone Number: (415) 373-1671
2. Your Email Address: * aapton@zlk.com	8. Full Case Number (if applicable): 3:18cv4865
3. Receipt Agency Tracking ID:* ACANDC-18452392	9. Fee Type:* <div style="margin-top: 10px;"> <input type="checkbox"/> Attorney Admission <input type="checkbox"/> Civil Case Filing <input type="checkbox"/> Audio Recording <input checked="" type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus </div>
4. Transaction Date:* 07/14/2023	
5. Transaction Time:* 8:06 pm	
6. Transaction Amount (Amount to be refunded):* \$ 505.00	
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required. ✗ <ul style="list-style-type: none"> For a duplicate charge, provide the correct receipt number in this field. If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). <p>This is a duplicate charge. The correct receipt number that appears on the docket is ACANDC-18452405.</p>	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <div style="display: flex; align-items: center; margin-top: 5px;"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied ✗ <input checked="" type="checkbox"/> Denied — Resubmit amended application (see reason for denial) </div>	<div style="border: 1px solid green; padding: 5px; background-color: #e8f5e9; text-align: center;"> DENIED <small>By Ana Banares at 3:55 pm, Jul 21, 2023</small> </div>
Approval/denial date:	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number:
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Please explain in detail what happened to cause the duplicate charge in section 10.	
Referred for OSC date (if applicable):	